

2000 UNIFORM BUSINESS REPORT (UBR)

0001712 AF

DOCUMENT # A98000001399

1. Entity Name
VAN DEN BERG FAMILY PARTNERSHIP, LTD.
N/K/A Passage Creek Farms, Ltd.

Principal Place of Business Mailing Address
1245 HOWELL POINT **1245 HOWELL POINT**
WINTER PARK FL 32792 **WINTER PARK FL 32792-5706**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 14 AM 10:22



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address:

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3516630** **APPLIED FOR** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SALTSMAN, ROBERT P Name
222 WEST COMSTOCK AVENUE, SUITE 210 Street Address (P.O. Box Number is Not Acceptable)
WINTER PARK FL 32789 **222 S. Pennsylvania Ave.**
 Suite 200
 City State Zip Code
 Winter Park **FL** **32789**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$990.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	VAN DEN BERG, EGERTON K 1245 HOWELL POINT WINTER PARK FL 32792	STREET ADDRESS CITY - ST - ZIP	200003148002--1 -02/25/00--01086--004 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	VAN DEN BERG, CAROLINE M 1245 HOWELL POINT WINTER PARK FL 32792	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<i>mf 2/23/00</i>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **2-11-00** **407-628-1150**
 Signature and typed or printed name of signing general partner Date Daytime Phone #

1661(6) 800E230